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**APPLICANTS**

Miroslav Trajkovic, Ossining, NY;  
 Srinivas Gutta, Buchanan, NY;  
 Eric Cohen-Solal, Ossining, NY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/18/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Michael E. Marion  
 Corporate Patent Counsel  
 U.S. Philips Corporation  
 580 White Plains Road  
 Tarrytown ,NY 10591

**TITLE**

Active noise canceling headset and devices with selective noise suppression

FILING FEE RECEIVED 728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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